

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2561

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jonlin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jonlin General Hospital (Osteopathic)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Melvin Doyle Neiberger

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased January 1, 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Jonlin, Jasper, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

MOTHER FATHER { 12. Name Roy E. Neiberger
13. Birthplace Corning, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Amelia G. Mangold
15. Birthplace Lurey, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Father
(b) Address R. R., Diamond, Mo.

17. (a) Removal (b) Date thereof 1-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sebetha, Kansas

18. (a) Signature of funeral director Family (Father)
(b) Address Diamond

19. (a) 1-8-42 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton 7/3
(c) City or town Diamond
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. (West of Diamond)
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1942 hour 7:15 A.M. minute M.

21. I hereby certify that I attended the deceased from 1-1 1942, to 1-3 1942
that I last saw him alive on 1-3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia Death
Due to the center 7th month
Manginukhi
Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. D. Harrison 1-5-42
Address Date signed

(Licensed Embalmer's Statement on Reverse side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42.1-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.